

EX. 5

Individual Pheresis Data Sheet

Name: <u>Steven Horowitz</u>	PT. # <u>112</u>	DATE: <u>7/10/86</u>
Visit #: <u>2</u>	Access <u>draw</u>	Needle <u>17</u>
Rx#: <u>1</u>	Arm <u>R</u>	Started <u>12:50</u>
Type: <u>2997-KNA</u>	return <u>17</u>	Ended <u>15:25</u>
		Length <u>2:35</u>
		Physician <u>Gordon</u>
		Nurse <u>Conway</u>

	WEIGHT	sysBP	dysBP	PULSE	TEMP	ANTICOAG
PRE	84.8	112	78	78		3000 volume
POST	85.7	110	70	84		
CHANGE	+0.9	+2	-8	+6		5000 infused

COLUMN NO.	1	1	1	Total				
TIME	12:50	1:50	2:50	3:25				
PV PROCESSED				(3000cc)				
RV								
ACOAGULANT	2.0	2.0	2.0					
PLASMA FLOW	20	20	20					
RBC FLOW	30	30	30					
INFUS. PRESS.								
CORR. PV								
CORR. RV								
ITMP								
BLD VL PROC.								
CENTRIFUGE								
COLUMN PRESS.								

ADVERSE REACTION: YES (NO) CCU MALFUNCTION: YES NO N/A
(If Adverse Reaction and/or CCU Malfunction fill ou Adverse Reaction Sheet)

DID PATIENT COMPLETE PROCEDURE? (YES) NO (if you answered "NO" list reason below)

Comments:

Between 1:30 + 2:00 pm pt complained of light headed. B/P 110/70 P-80
No decrease in SOB. Terminated procedure well.

BLOODS DRAWN:

PRE: Lipids, profile 161
mid lytes

POST: Lipids, post lytes

SL MD
F. Conway RN RN